ALLOWANCE HOT LIST

App Exar	l. No. niner-	10/6/4,560 TC Moy 1	Prepared by Date	R//w/d 9-21-04
JAC	KET:	:		
YES YES	NO NO	Primary Examiner box complete. Issuing Classification complete.		
PTO	-892/1	1449:		
xes yes	NO NO	Examiner's initials or cross-through li Date(s) supplied/complete on all PTO	nes supplied for -1449/892 shee	r each item cited by applicant. ets. (Month and year required.)
SPEC YES YES	NO NO	1 2 .		
CLAI	MS:			
YES YES	NO NO	Claims listed on Notice of Allowabili Claims correctly numbered in index. (No duplicate or missing cla (No incorrect dependencies.)	im numbers.)	ed claims and/or index of claims

CRFE:

YES NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

YES NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.